MULTIPLE DE... ...DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 10/539830

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	4						51						
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	**TOTAL IND.**		↓		↓		↓
TOTAL DEP.	8	←		←		←	**TOTAL DEP.**		←		←		←
TOTAL CLAIMS	10						**TOTAL CLAIMS**						

PTO - 1360 (REV. 11/84)

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